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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED APR 25 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15290  
3803  
Registrar's No. \_\_\_\_\_

Registration District No. 318

Primary Registration District No. 1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Alexian Bros. Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days  
(Specify whether life)  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96  
(c) City or town Affton  
(If outside city or town limits, write "RURAL")  
(d) Street No. 9200 Pavia NR 3  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No) /  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Elmer V. Knecht, Jr.

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 0 5. Color or race white 6. (a) Single, widowed, married, divorced single 0

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased August 11 1929  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	17	7	27	hr. min

9. Birthplace: St. Louis Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Elmer V. Knecht, Sr. 0

13. Birthplace St. Louis Mo. 0  
(City, town, or county) (State or foreign country)

14. Maiden name Mildred Bloecher  
(City, town, or county) (State or foreign country)

15. Birthplace St. Louis Mo. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Elmer V. Knecht, Sr.  
(b) Address 9200 Pavia

17. (a) Burial Park Lawn Cemetery  
(Burial, cremation, or removal) (b) Date thereof 4-11-47  
(Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director John L. Ziegenhein & Sons  
(b) Address 7027 Gravois Ave.

19. (a) APR 10 1947 (b) J. F. Bredeck  
(Date received local health) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8  
year 1947 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death: Dropping of a ball  
Extracranial Dementia  
When accidentally struck by a pitched ball while playing basketball in the gymnasium at the Affton High School, 820 McHenry St. Affton, Missouri, around 4:45 P.M. April 7, 1947

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence June 7, 1947 96

(c) Where did injury occur? School yard  
(City or town) (County) (State)

(d) Did injury occur in or about home, or farm, in industrial place, in public place? 5 above

23. Signature Alfred J. Perry 3  
Address St. Louis, Missouri (M., D. or other)  
Date signed 4-10-47

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*W. G. Peterson*

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**